

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/28/2013
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.8 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the corridor openings.</p> <p>The findings included:</p> <p>On 5/28/13 at 11:15 AM, observation within resident room T115 revealed the upper portion of the entry door had a three quarter (3/4") inch gap when the door was in closed position.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 5/28/13.</p>	K 018	<p>K018</p> <p>1. We have ordered Hager 726S Smoke Seal to place on T115 door's upper portion where it has a 3/4" gap when the door is closed. Placement of the Hager 726 Smoke Seal will be placed on the door to secure the smoke barrier.</p> <p>2. All residents has the potential to be affected by this deficiency</p> <p>3. The ED (Environmental Director) will audit once a month for three months to ensure that all doors meets Life Safety Code NFPA 101 for three months.</p> <p>4. Results will be reported to the Quality Assurance Committee for evaluation of effectiveness of improvement measures</p>	7-14-13	
K 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3</p>	K 025			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445508	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/28/2013
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the fire and smoke barriers.</p> <p>The findings included:</p> <p>On 5/28/13 at 10:30 AM, observation within the central office area revealed there was a penetration around a two- inch (2") diameter drain pipe in the smoke /fire wall.</p> <p>On 5/28/13 at 11:45 AM, observation within the ceiling area above the 100 Tulip hall fire doors revealed there was a penetration around a one-half inch (1/2") diameter conduit pipe in the head wall.</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 5/28/13.</p>	K 025	<p>K025</p> <ol style="list-style-type: none"> 1. We have placed fire caulking (which is approved by NAPA 101 Safety Life Code) around the 2" diameter drain pipe and the 1/2" conduit pipe (Tulip 100 Hall) to meet NFPA 101 Life Safety Code. 2. All residents have the potential to be affected by this deficiency. 3. The ED will audit after each vendor to ensure that they did not penetrate smoke. Caulking if needed will be placed on Barrier walls in order to be in compliance with NFPA 101 Life Safety Code, He will audit for three months and then after each vendor who may penetrate smoke barrier walls. 4. Results will be reported to the Quality Assurance Committee for evaluation of effectiveness of improvement measures. 	5-28-13	